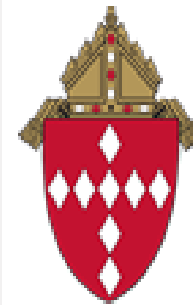




AN OVERVIEW OF WORKERS' COMPENSATION

Fall 2025



CATHOLIC
DIOCESE *of* RALEIGH

WHAT IS WORKERS' COMPENSATION?

- Workers' Compensation is a type of insurance purchased by an employer. This policy pays for employees to receive medical care and possibly be compensated if they are out of work due to an injury sustained at the workplace. Besides medical bills and lost wages, it also covers vocational rehabilitation if needed, and funeral expenses if the work injury is fatal.
- The injury must be an "injury by accident" arising out of and in the course of the employment, and "shall not include a disease in any form, except where it results naturally and unavoidably from the accident." N.C. Gen. Stat. Section 97-2(6).
- "Injury by accident" means an incident that was the result of an unusual or unforeseeable occurrence *outside the scope of an employee's normal job duties*. For example, if you are a groundskeeper and you injure yourself bending down to adjust a sprinkler head, your claim will likely be denied, BUT if that sprinkler head was stuck and that caused you to jerk your shoulder out of joint and injure yourself, that condition is the criteria for acceptance of your workers' compensation claim.

WHAT DOES “ACCEPTING A CLAIM” REALLY MEAN?

“Accepted” means that the carrier has agreed to pay the expenses associated with your claim, either outright or with prejudice. “With prejudice” means that there may be grounds to deny the claim in future, but they have agreed to pay claim expenses for now until an investigation has been completed and they’re sure of the facts and circumstances surrounding the work injury.



WHEN SHOULD I FILE A CLAIM?

- If you are injured on the job, you should: (1) *immediately* report the incident to a supervisor and inform them of any known witnesses to your injury; (2) seek medical treatment at an urgent care facility (*not* your primary care provider!) as soon as possible, and (3) file a claim online with our Diocesan workers' compensation carrier – you are encouraged to enlist your parish business manager to help you do that. **CLAIMS MUST BE FILED WITHIN FIVE DAYS OF INJURY.**
- We want to reassure you, there is NO stigma to filing a workers' compensation claim, and don't let anyone tell you differently! It's there to help you, and it's a benefit you don't need to feel uncomfortable about using. **FILE A CLAIM, EVEN IF YOU DON'T THINK YOU NEED TO.** We're not this guy....



JUST A NOTE:

- An important observation: workers' compensation is for *employees only*. If a parishioner or student injures himself/herself on school or parish property, the business manager should file a *property liability claim* for that incident. We won't address property liability in this presentation.
- If you think you may have a property liability issue as opposed to a workers' compensation claim, call and check with HR to be sure. If it turns out that you do, we'll refer you to the right person and procedures to get that claim properly filed.

WHY CAN'T I USE MY FAMILY DOCTOR?

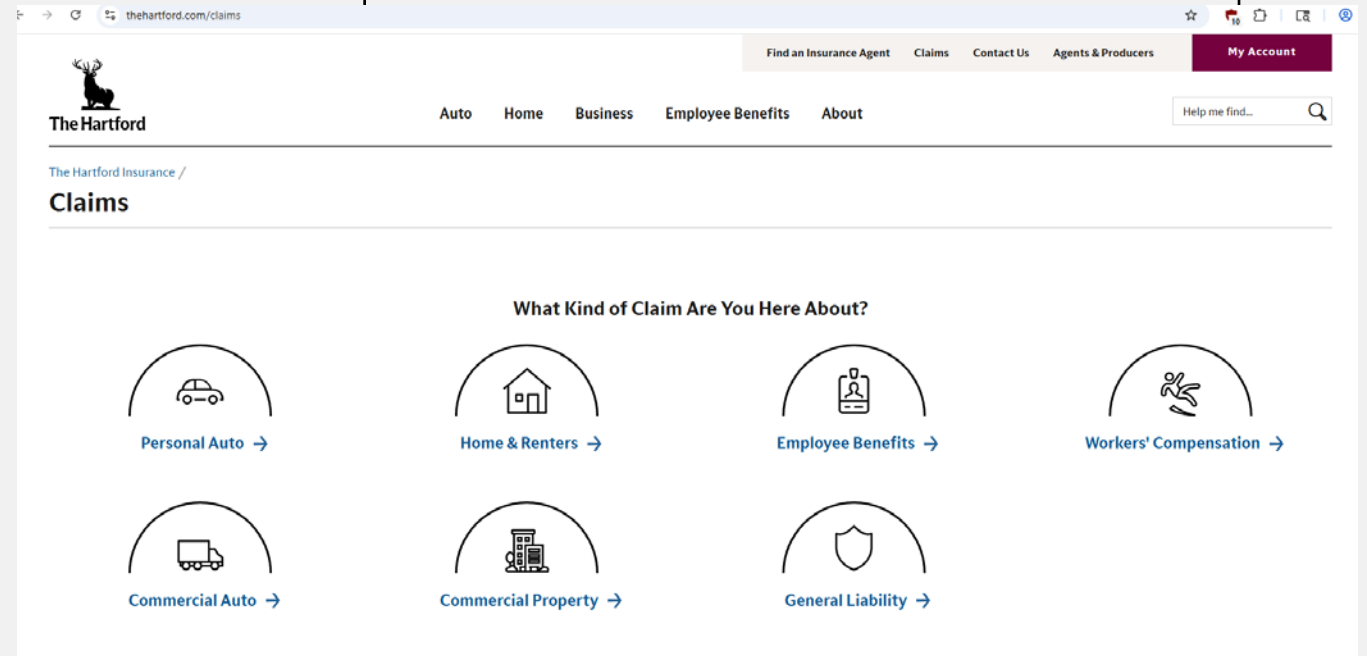
- Workers' compensation carriers have the right, under state law, to direct the medical care of employees who use workers' compensation benefits to cover care-related expenses. They prefer that employees use a neutral medical provider, such as an urgent care facility (think: MedFast, WakeMed Urgent Care, FirstMed, etc.) that *doesn't* have a vested interest in the employee as an established patient, like a primary care provider would.
- Carriers feel that, in this way, they will be getting a clear, unvarnished picture of the extent of the employee's injury *and* of whether the treatment the employee is receiving for that injury is necessary and appropriate. Their goal is to get the employee back to work, as safely and quickly as possible.

HOW DO I FILE A CLAIM?

- First, go to the Diocesan website and look for Human Resources. Choose “benefits” and then “Workers’ Compensation.” Click on the link for our carrier’s website, <https://www.TheHartford.com/claims>.
- Be prepared to supply the following information: Policy Number (83WEBR9U6B); injured worker and witness ID; nature/severity of injury, first date of lost time (if any), Social Security number, date of birth and address of the injured worker.
- If you cannot file the claim online, you can phone it in - use the following number: 1-800-327-3636.
- Once the claim is reported, the carrier has 30 days to accept the claim, deny it, or pay it without prejudice.

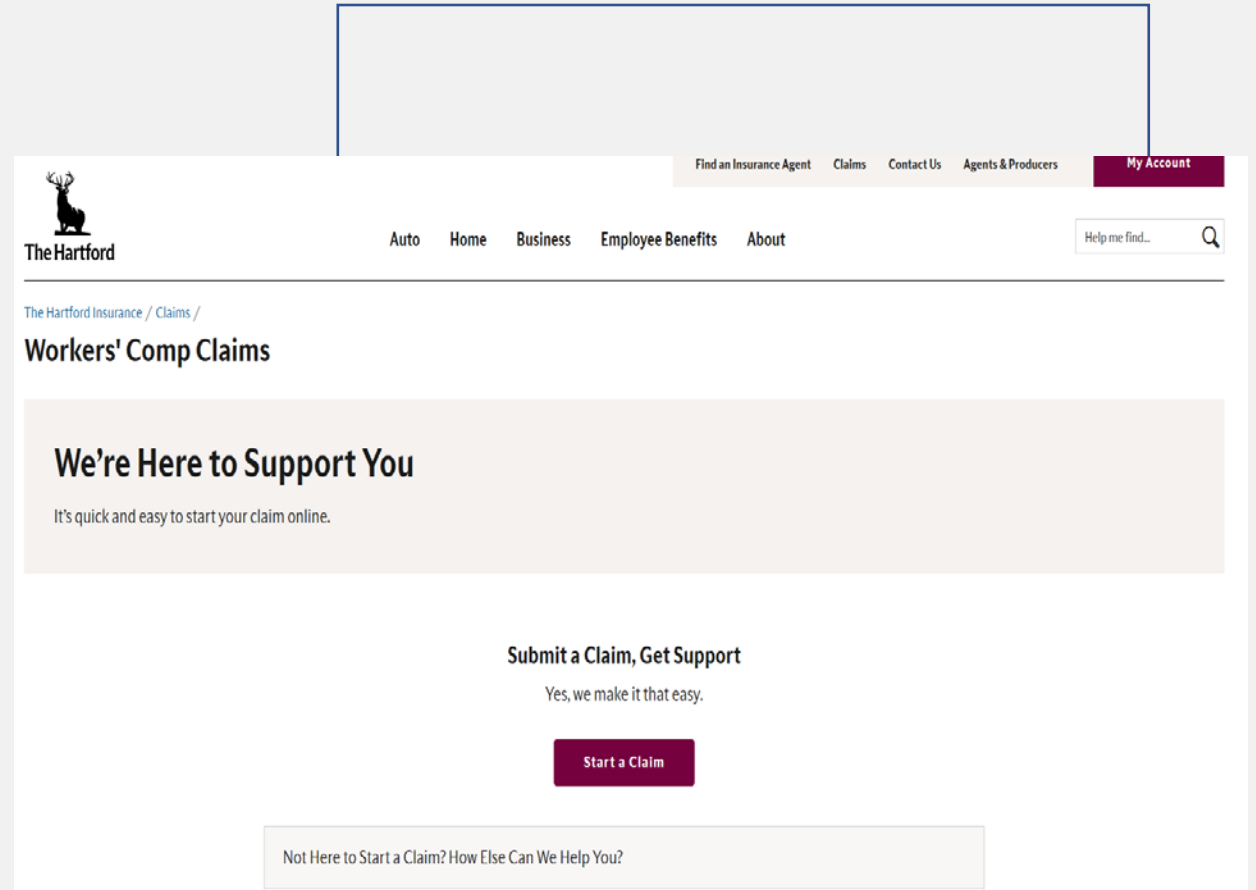
ACCESSING THE CLAIM FORM

Once you access the Hartford website, if you're filing your claim online, you should see this. Click on "Workers Compensation."



ACCESSING THE CLAIM FORM

Click on the burgundy button that
says “Start a claim.”



ACCESSING THE CLAIM FORM

Then, click the green button to proceed with filing your claim.

The screenshot shows the 'Report a Workers' Compensation Claim' page from The Hartford. The header includes the company logo and the page title. The main content area is titled 'Report a Workers' Compensation Claim' and features a section 'What you'll need' with two numbered steps. Step 1 mentions the policy number, and Step 2 mentions information about the injured worker and what happened. A green 'Start a Claim' button is positioned to the right of these steps. Below this, there is a 'Workers' Comp | Employer FAQ' section with two expandable questions.

Report a Workers' Compensation Claim

What you'll need

- 1 The policy number.** You can report without it, but it makes things go faster.
- 2 Information about the injured worker and what happened.** The system will prompt you for the rest. You only need to fill in what you know. You'll get a claim number and handler info as soon as you submit. Filing online takes about 10 minutes.

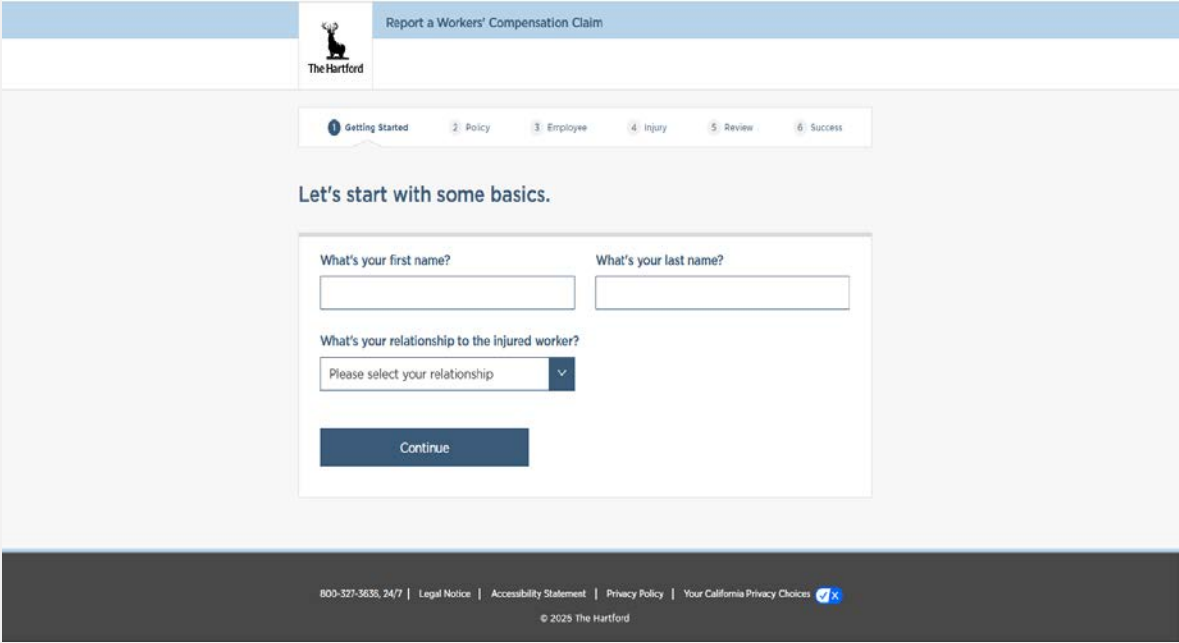
[Start a Claim](#)

Workers' Comp | Employer FAQ

- ▼ What's the first thing I should do if an employee is injured at work?
- ▼ What's the process for filing a claim?

NEXT:

It'll look like this:



The screenshot displays a web form titled "Report a Workers' Compensation Claim" from The Hartford. The form is structured with a progress bar at the top indicating six steps: 1. Getting Started (active), 2. Policy, 3. Employee, 4. Injury, 5. Review, and 6. Success. Below the progress bar, the instruction "Let's start with some basics." is followed by a form box containing three input fields: "What's your first name?", "What's your last name?", and "What's your relationship to the injured worker?". The relationship field is a dropdown menu currently showing "Please select your relationship". A "Continue" button is positioned at the bottom of the form box. The footer of the page includes contact information (800-327-3636, 24/7), links to "Legal Notice", "Accessibility Statement", "Privacy Policy", and "Your California Privacy Choices", along with a copyright notice for 2025 The Hartford.

Report a Workers' Compensation Claim

The Hartford

1 Getting Started 2 Policy 3 Employee 4 Injury 5 Review 6 Success

Let's start with some basics.

What's your first name?

What's your last name?

What's your relationship to the injured worker?

Please select your relationship

Continue

800-327-3636, 24/7 | Legal Notice | Accessibility Statement | Privacy Policy | Your California Privacy Choices

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Now, insert your information and follow the prompts until you've completed the filing.

I FILED MY CLAIM. NOW WHAT?

- When you file your claim online, you will receive a response with a claim number. Be sure to use this number on *all claim correspondence* and to provide the name of the carrier (The Hartford) and claim number to the urgent care for your initial visit, if possible. (If your injury is severe and emergency care is needed, HR or your business manager can assist you.)
- An adjuster will be assigned to your claim file. They will reach out to you and will send you a packet in the mail with state reporting forms (Form 18 and 19) and basic information on the processing of your claim.
- The adjuster will be responsible for setting up your follow-up medical appointments with any specialty physicians you may need to see (after your initial visit to urgent care) including physical therapy, occupational therapy, and other providers. They will also provide transportation to those appointments for you if you cannot drive yourself and have no other assistance.

I'M INJURED TO THE POINT THAT I CAN'T WORK; WHAT HAPPENS NOW?


- If you are injured severely enough that you cannot work, the adjuster will likely engage a nurse case manager to assist with the management of your claim. This person may attend appointments with you and coordinate transportation and therapy and request your medical records for the adjuster so they can keep up with your progress in treatment. This can be very helpful to the injured employee.
- Once you have been out of work for seven consecutive workdays, you will qualify for temporary total or temporary partial disability payments. These payments are $\frac{2}{3}$ (66.6%) of your average weekly wage. The first payment includes your first week's "wage" plus a back payment for those first seven days you were out. Checks are mailed out weekly. Once your doctor releases you to return to work either light or full duty, these payments will stop. There is a statutory weekly maximum payment that is adjusted yearly.
- If you will be out for a lengthy period, you can use your sick leave, or you may choose to use FMLA leave. Both are paid at 100%; in that case, the disability checks are endorsed over to the work site to help partially reimburse the parish for the cost of your medical leave, since each site pays for FMLA individually. You cannot receive both 100% salary AND TTD payments at the same time (that's called "double dipping").

I'VE GONE BACK TO WORK/MY INJURY IS HEALED; IS MY CLAIM OVER WITH NOW?

- Your claim may be “over with,” but it is not necessarily closed. The adjuster will close your file:
- (1) due to treatment having stopped since the injury has healed and you have now returned to work full duty (the doctor must formally release you to return to work);
- (2) due to settlement of the claim and payment of a disability rating (if the injury is severe); or
- (3) failure to treat/significant file inactivity.
- *When you return to work, you must provide a written release note from your doctor that lets us know if you have any work restrictions (lifting limits, for example). There's a form for this on the website. This is to protect you – and us – and hopefully prevent reinjury.*

RETURN-TO-WORK FORM/RELEASE:

Here's what that form looks like. It's a multi-purpose form that allows your doctor to include information about any work restrictions you may have when he/she releases you to return to work. Your doctor isn't required to use our form, but it makes things easy.



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Office of Human Resources

RETURN TO WORK FORM

For Use With Employees Returning From Leave Associated with FMLA
or a Workers' Compensation Injury/Medical Condition, or Both

Employee Name:	Employee SSN:
Parish/School/Department:	Supervisor:
Position:	Employee Telephone:

Instructions:

1. Immediate supervisor:

Give this form, along with the employee's up-to-date job description attached, to the employee. For the job description form, see: <https://dioceseofraleigh.org/sites/default/files/inline-files/Position-Description-051121.pdf>

2. Employee:

Have your health care provider review your attached job description and ask them to complete this form. *Return the completed form to your supervisor upon or before your return to work.*

3. Health care provider:

Please review the attached job description for this employee, complete this form, and return it to the patient.

Date of accident/date the medical condition began: _____

To the Health Care Provider:

Please check all of the option(s) that apply:

☐

The employee is able to work a full, regular schedule with no restrictions, beginning _____ (date)

☐

The employee is unable to return to work until _____ (date).

☐

The employee is able to return to work on a reduced schedule for _____ hours a day from _____ (date) through _____ (date).
If this option is checked, please indicate approximately when you will re-evaluate the employee to determine a return to full duty date – e.g., 30 days, 6 weeks, etc.

☐

The employee is able to return to work with restrictions from _____ (date) through _____ (date)

Please indicate restrictions, if any, below:

Standing (number of hours): _____

Walking (number of hours): _____

Sitting (number of hours): _____

Lifting (number of pounds): _____

Carrying (number of pounds): _____

Use of hands (repetitive motions, pushing, pulling): _____

Other restrictions – please be specific: _____

☐

The employee may return to work on _____ (date) but has **permanent** restrictions, as follows: _____

By the employee's signature below, the employee acknowledges that if the Diocese requires further information regarding the employee's return-to-work status, it may contact the physician and request supplemental documentation, such as the medical note authorizing the employee's return to work.

Employee Signature _____

Date _____

Health Care Provider's signature: _____ (Note: electronic signature not acceptable)

Printed Name: _____

Telephone Number: _____

Date: _____

I'M BACK AT WORK, BUT I'M NOT ANY BETTER; WHAT DO I DO?

- If you find that you need additional medical treatment after your claim file has been closed, don't worry – by law, you have up to two years after the last payment of medical compensation to file a request for additional treatment with the Industrial Commission. Before that, however, *you can simply contact your adjuster and ask for your file to be reopened and request follow-up treatment*; they may deny this, but it never hurts to ask. HR is glad to help you by reaching out to the adjuster on your behalf.
- If the adjuster does deny the request, and you are within the two-year window, you can then petition the Industrial Commission, and the Commission will determine if you are eligible. *If you are, the adjuster will then have to reopen your file and initiate further medical treatment, at the carrier's expense.*

I'M BETTER AND I'M BACK AT WORK – HOW DO I AVOID ANOTHER CLAIM?

- An injury leading to a workers' compensation claim is no fun for anyone – not the parish/school trying to cover for a valued missing worker, and certainly not the injured employee. Be proactive! Look for and be aware of conditions that might cause injuries and notify your business manager or facility manager right away, such as: cracks/divets in sidewalks, parking lots and other paved areas; holes and depressions in grassy areas where a shoe could get caught and cause a slip, trip or fall; tears or rips in carpets; area rugs that slip and slide; unsteady or broken chairs or other furniture; boxes, furniture or other obstacles in hallways; spills of water or other liquids; poor signage; potential falling objects, etc. Wearing improper or ill-fitting shoes is also a contributing factor, as is trying to lift or move heavy objects alone.
- **THE GREAT MAJORITY OF WORKERS' COMPENSATION CLAIMS ARE FOR INJURIES RESULTING FROM OVEREXERTION (LIFTING OR MOVING AN ITEM THAT'S TOO HEAVY), FOLLOWED CLOSELY BY SLIPS, TRIPS AND/OR FALLS.** Look out for yourself and for others!

STILL HAVE QUESTIONS?

- Human Resources is happy to help! If you have a question about a workers' compensation related matter, or about your existing claim, contact Marilyn Bartlett at marilyn.bartlett@raldioc.org, or by phone at (919) 930-5232.
- If you have payroll related questions about your sick bank, how to code your hours while out for a workers' compensation injury, etc., talk to your parish business manager, or contact Lisa Lupinski at lisa.Lupinski@raldioc.org, or by phone at (919) 632-7381.
- If your workers' compensation injury is such that you think you may need FMLA or even long-term disability, you may submit an FMLA leave request to fmla.submissions@raldioc.org, or you can contact Charisse Butler to talk about long-term disability at charisse.butler@raldioc.org.

-SO, BE AWESOME, BUT -

